

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 691

Office of Registrar of Statistics.

Ward

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 26<sup>th</sup> 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

John Thomas Ready

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.}

1025 N. Wolfe St.

Cause of Death, {First (Primary), Second (Immediate),}

Peritonitis complicated with Typhoid

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 28<sup>th</sup>

Undertaker, H. C. Wiedefeld

Medical Attendant.

Place of Business, 916 Green Mt. Address.

804 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



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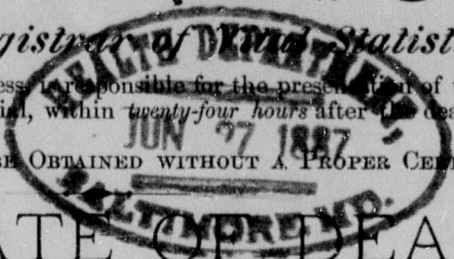
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 692 Office of Registrar of DEATH Statistics. Ward 8<sup>0</sup>/<sub>9</sub>

The Physician who attended any person in a last illness is responsible for the present of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, June 27  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Harris  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Color, Dark  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, \_\_\_\_\_  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto  
Duration of Residence in the City of Baltimore, Life  
Place of Death, { Give Street and Number. } Convent of Sisters of Providence  
Chase + Bonest Place  
Cause of Death, { First (Primary), Phthisis Pulm  
Second (Immediate), Aschemia }  
Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Ch  
Date of Burial, June 29 1887  
{ Undertaker, Jas C Byrne } F. C. Chatard Jr M. D. Medical Attendant.  
{ Place of Business, 312 N Gay St } Address, 516 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 193

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 27, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Linde

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

     Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life Time

Place of Death,

{ Give Street and Number. }

916 N. Gales St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum  
Inanition

Duration of Last Sickness,

about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore County

Date of Burial,

June 28, 1887

Undertaker,

Henry Beck

Jno. M. Conan

M. D.

Medical Attendant.

Place of Business,

1023 N. Central

Address,

1224 E. Monument

M. E. Wells

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 194

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 2nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Milton Jefferson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, 10 Months, 6 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1311 N. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Bottle fed, Intentional Congestion, Cerebral

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28/87

Undertaker, Am. S. Co. Matteo White M. D. Medical Attendant.

Place of Business, 307 N. Broadway Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

695

Office of Registrar of Vital Statistics.

Ward

18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

June 27/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Earnest H Adams

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Eng

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

819 Croft St

Cause of Death,

{ First (Primary),  
Second (Immediate), }

Asthma

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 28th 1887

Undertaker,

Geo. L. Linnell

Place of Business,

647 W. Pratt

Address,

Wm. D. Blake M. D.  
Lea & Co. Druggists

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Permit No. A. 690 Office of Registrar of Vital Statistics. Ward 1

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

3

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Martha Kouth*

Age, 72 Years,        Months,        Days.

~~Married, Single, Widow or Widower~~; { Cross out the words not  
required in this line. }

Occupation, None

Birth Place, { State or country, and how }  
 { long in the United States, }  
 { if of foreign birth. }

England

Duration of Residence in the City of Baltimore,..... 6 months

Place of Death, { Give Street and Number. } 1710 Boston St

Cause of Death, { First (Primary), *Paralysis Agitans*  
Second (Immediate), *Asphyxia*

Duration of Last Sickness, *Several years - Total ulcers about*

All the above information should be furnished by the Physician.

Place of Burial, Ottawa Ont ca ten weeks

Date of Burial, June 30 1887 ) 18 1887

(Undertaker, Jerry & Michele S. B. Robinson M. D.  
Medical Attendant.

Place of Business, *North av Oak* Address, *605 Catherine St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

[OVER.]

sex, age, and condition (whether married or single) of



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# Health Department, City of Baltimore.

Permit No.

A 697

Office of Registrar of Vital Statistics.

Ward

3

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 27/87

Full Name of Deceased,

Susanah Kopp

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

3

Years,

2

Months,

6

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balt. city

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

184 S. Dallas st

Cause of Death,

First (Primary),

Second (Immediate),

Cataract  
Membranous Croup

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

June 29

Undertaker,

W. Lippel

R. W. Mansfield

M. D.

Medical Attendant.

Place of Business,

157 S. Bond

Address, 129 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 698 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 27, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Christian Schwarz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bald man

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, September

Place of Death, { Give Street and Number. } 332 S Morris St  
Marasmus

Cause of Death, { First (Primary), Second (Immediate), } One month

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, June 29<sup>th</sup>

{ Undertaker, J J Cowan } James Boyle M. D. Medical Attendant.

{ Place of Business, 901 Hollins St } Address, 1701 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 699 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Pesthold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, One Months, One Days

Colored X

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. }

220 East St

Cause of Death, { First (Primary),

Improper food Indigestion

Second (Immediate),

Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, June 28 1887

Undertaker, William D. Dugan

E. B. Baldwin

M. D.

Medical Attendant.

Place of Business, 150 East St

Address, 304 n Eyster

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 709 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 26 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Jasper Walker  
(Walker)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,        Years, 6 Months,        Days.

Color, Cal.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1630 Mulliken St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, One month  
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1887

{ Undertaker, William C. Dwyer J. J. Gross M. D. Medical Attendant.

{ Place of Business, 150 East St Address, 1437 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]